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PROMOTING TELEHEALTH IN RURAL AMERICA

WC Docket No. 17-310

Illinois Rural HealthNet Comments on the Public Notice

The Illinois Rural HealthNet (IRHN) is a 501c3 not-for-profit organization that was created with funding from the FCC's Rural Health Care Pilot Program and other eligible entities. The IRHN is a high-speed communications network connecting 60 Illinois hospitals and clinics. Through a connection to the IRHN, rural health care providers are linked to each other as well as to urban medical centers, allowing them to access bandwidth intensive health care applications and diagnostics in a more cost efficient manner than might otherwise be possible.

NOTE: Selected individual sections of the Public Notice will be copied below, followed by the IRHN Comment on each such section.

A. Addressing RHC Program Funding Levels

1. REVISITING THE RHC PROGRAM FUNDING CAP

Q 7:

The Commission seeks comment on increasing the cap for the RHC Program and whether to retroactively increase the cap for FY 2017. Looking ahead, beyond FY 2017, by how much should the Commission increase the cap?

Comment:

The Public Notice suggests several possible avenues to determine whether an increase is warranted, and if so, how much of an increase, and based on what parameters. The IRHN recommends the cap be increased to take into account:

- The amount of funding sought by eligible entities in FY 2017.
- The trend line showing increasing levels of funding requests as the Program becomes more widely known and participation grows.
- The trend line showing increasing levels of funding requests driven by continuing expansion of health-related applications and thus the need for ever-higher broadband speeds.

- The increasing dependence on remote (not located in the hospital or clinic) and also cloud-based diagnostic tools to assist in critical healthcare decisions in emergency situations. This increasing dependence is driving the need for diverse redundant broadband access provided by more than a single service provider to HCP locations. Improvements in technology also drive increased dependence on failsafe access to technology.

Q 8:

Additionally, within the RHC Program, multiyear commitments and upfront costs are capped within the HCF Program to $150 million per funding year. The Commissions seek comment on whether the $150 million cap for multiyear commitments and upfront costs within the HCF Program should also be adjusted—i.e., increased, eliminated, or modified in some other way.

Comment:

The cap should be increased for the same reasons as outlined in answer to Q7.

Q 10:

The Commission also seeks comment on whether to roll over unused funds committed in one funding year into a subsequent funding year.

Comment:

Yes, the unused funds should be rolled over into a subsequent funding year. *However, this must not be allowed to slow down the approval of the next immediate funding year's approvals/denials. The lack of timely funding decisions is threatening the very existence of rural healthcare consortia*. The rollover could be applied to the second year after the fiscal year in question. As an example, rollover from FY2017 requests could be applied to the FY2019 process, so that the FY2018 process is not delayed by waiting to see how much rollover may be salvaged.

Q 11:

The Commission also seeks comment on how to best distribute the roll over funds across the RHC Program. Should roll over funds first be used to defray the impact on, for example, individual rural healthcare providers with any remaining unused funds being used for rural consortia applicants? What are the material differences between individual healthcare providers and those participating in a consortium?

Comment:

Illinois Rural HealthNet

Improving health care through connectivity

The most important response to this question is to avoid slowing the decision-making process on the next immediate funding year's requests, as expressed in the answer to Q10. Individual and consortium requests for funding are equally critical and need the same level of timely resolution.

2. PRIORITIZING FUNDING IF DEMAND REACHES THE CAP

Q 12:

In 2012, the Commission considered whether to adopt a mechanism by which to prioritize funding if demand exceeded the $400 million funding cap... The recent growth in RHC Program demand and the uncertainty associated with possible proration makes it difficult for healthcare providers to make service selections and telehealth plans, and can create unexpected financial difficulties for healthcare providers, especially in highly remote areas. The Commission seeks comment on whether to consider changes in how to prioritize the funding of eligible RHC Program requests. Below, the Commission discusses a number of prioritization approaches, some of which could be combined to more efficiently distribute funds.

Comment:

The concept of prioritizing funding based on subjective measuring tools would violate the concept and the very words of the FCC RHC objective: *Universal Service*. The various possible approaches to prioritization outlined in Questions 14 through 25 all involve subjective decisions as to whom is most in need.

That being said, as a consortium, the IRHN feels it appropriate to note the following:

Q 19:

The Commission also must explore how to handle requests for funding from consortia under the HCF Program

Comment:

In previously issued reports from USAC and the FCC, the Rural Health Care Pilot Program was deemed successful in measurably improving access to broadband services. The IRHN was created with the vital assistance of the Pilot Program, and has been able to provide Gigabit speeds to health care providers who previously had been restricted to T1 (or less) levels of service. The IRHN, via multiple RFPs and contracts with multiple service providers, has built a constructed network with IRHN-owned equipment, IRUs, and leases of high-speed circuits. The IRHN has met, for Illinois, the FCC objective of creating statewide broadband healthcare networks. This original capital investment from the FCC deserves to be carried forward. If there is to be some degree of prioritization in funding, the IRHN believes that hard-won success is worthy of being recognized.